

**SOUTH DAKOTA BOARD OF MEDICAL  
AND OSTEOPATHIC EXAMINERS****125 S. Main Avenue  
Sioux Falls, SD 57104**Phone (605) 367-7781 • (605) 367-7786 Fax  
Website: [www.state.sd.us/doh/medical/](http://www.state.sd.us/doh/medical/)**VOLUNTARY SURRENDER OF MEDICAL LICENSE****Dwight King, MD**

This statement is being provided to the South Dakota Board of Medical and Osteopathic Examiners to insure that I voluntarily surrender my medical license in South Dakota and any state in which I am licensed, pending completion of an investigation regarding my medical practice. In addition, I will also refrain from prescribing drugs of any type at any time to anyone including myself or members of my family.

I understand that my medical license is suspended indefinitely until further notification from the South Dakota Board of Medical and Osteopathic Examiners.

I agree that the South Dakota Board of Medical and Osteopathic Examiners may inform any state and/or federal agency deemed appropriate by the South Dakota Board of Medical and Osteopathic Examiners of the fact that I have surrendered my medical license and have agreed to voluntarily refrain from the practice of medicine and any and all prescribing activities.

Dated this 2<sup>nd</sup> day of December, 2006.

Signed \_\_\_\_\_

(Dwight King, MD)

Lic # 4624

Witness

A Russell Jantzen

Date: Dec 2, 2006